



Spousal Waiver of Monthly Benefits

Form 5B – Revised 12/1/2013

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Member Information – This section should be completed by the member. If the member is deceased, the member's spouse should complete sections 1, 2, and 4, only.

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ E-Mail: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Name of Agency Last Employed: _____ Date of Termination mm/dd/ccyy: _____

Deceased: ☐ Yes ☐ No If yes, please list Date of Death mm/dd/ccyy: _____

Marital Status at Death – Select one. List date for last three. ☐ Single ☐ Married ☐ Divorced ☐ Widowed Effective Date mm/dd/ccyy: _____

2 Retirement Plan – Select applicable plan.

☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Supplemental Legislative Retirement Plan (SLRP)

3 Member Certification

I acknowledge that I have no dependent children and that my spouse, listed below, is waiving his or her right to the benefits due him or her according to the statutory provisions that govern the retirement system in which I am a member.

Member's Signature: _____ Date mm/dd/ccyy: _____

4 Spousal Certification

I hereby certify that I understand I may be entitled to certain benefits at the death of my spouse listed above. I further understand that I am not required to sign this waiver of monthly benefits, but, in so doing, I waive the right to any and all monthly benefits as provided by statute in the event of the death of my spouse. If my spouse has any dependent children at the time of his or her death, I acknowledge that this waiver will be null and void and that any survivor benefits will be paid to the spouse and dependent children as provided by statute.

Name: _____ Social Security No.: _____

Spouse's Signature: _____ Date mm/dd/ccyy: _____